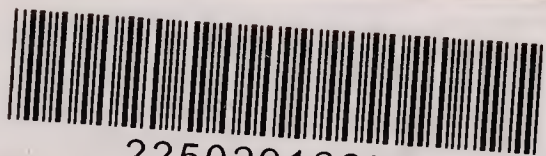


Dup 7/15

Clinical Report  
OF  
Queen Charlotte's  
Maternity Hospital  
for 1922.

(Formerley Queen Charlotte's Lying-in  
Hospital.)



22502912257

Clinical Report  
OF  
Queen Charlotte's  
Maternity Hospital  
for 1922.

WILLCOCKS E
LEHMAN
Am Rep
WX28
BE5
L84Q3
1922

# CONTENTS

---

	PAGE
Preface .. .. .	5
Number of Cases. Vertex Presentations .. .. .	6
Face and Brow Presentations .. .. .	7
Breech „ .. .. .	7
Transverse Presentations .. .. .	8
Twin Labour .. .. .	9—10
Ante-Partum Hæmorrhage .. .. .	11—14
Post-Partum Hæmorrhage. Manual Removal of Placenta	15
Albuminuria .. .. .	15
Eclampsia .. .. .	16
Cord Complications .. .. .	17
Hydramnios .. .. .	18
Induction of Labour .. .. .	18
Forceps .. .. .	18—19
Version .. .. .	20
Perforation .. .. .	20
Caesarean Section .. .. .	21
Contracted Pelvis .. .. .	21—25
Craniotomy .. .. .	23
Maternal Morbidity .. .. .	27
Pyrexia (causes, etc.) .. .. .	27
Infantile Morbidity and Progress and Feeding of Infants ..	27—28
Fœtal Abnormalities, etc. .. .. .	28
Infants' Deaths and Stillbirths .. .. .	29—30
Cases of Ophthalmia .. .. .	28
Premature Infants .. .. .	28
Maternal Deaths .. .. .	30—34
Special Cases .. .. .	34—37



# HONORARY MEDICAL OFFICERS.

---

## Consulting Obstetric Surgeons.

WALTER S. A. GRIFFITH, M.D., F.R.C.P., F.R.C.S.  
 WILLIAM J. GOW, M.D., F.R.C.P., M.R.C.S.  
 T. W. EDEN, M.D., F.R.C.P., F.R.C.S.  
 ARTHUR F. STABB, M.B., F.R.C.P., M.R.C.S.  
 THOMAS G. STEVENS, M.D., F.R.C.S.

## Consulting Physician.

J. H. DRYSDALE, M.D., F.R.C.P.

## Consulting Surgeon.

SIR. T. CRISP ENGLISH, K.C.M.G., M.B., B.S., F.R.C.S.

## Obstetric Surgeons to the In-Patients.

C. HUBERT ROBERTS, M.D., F.R.C.P., F.R.C.S.  
 J. BRIGHT BANISTER, M.D., F.R.C.S.  
 ALECK W. BOURNE, M.B., B.C., F.R.C.S.  
 TREVOR B. DAVIES, M.D., B.S., F.R.C.S.

## Obstetric Surgeons to the Out-Patients.

LOUIS C. RIVETT, M.C., F.R.C.S.  
 LEONARD G. PHILLIPS, M.S., M.B., F.R.C.S.

## Physician.

H. MORLEY FLETCHER, M.D., F.R.C.P.

## Surgeon.

C. H. S. FRANKAU, C.B.E., D.S.O., M.B., F.R.C.S.

## Ophthalmic Surgeon.

FRANK A. JULER, M.B., F.R.C.S.

## Dental Surgeon.

FRANK MORLEY, M.R.C.S., L.R.C.P.

## Medical Officer in Charge of Ante-natal Department.

GERTRUDE DEARNLEY, M.D.

## Medical Officer to the Infant Consultation Centre.

MARGARET G. THACKRAH, M.D.

## Anaesthetist.

LLEWELYN POWELL, M.B., B.C.

---

## Pathologist and Registrar.

HILDA G. JOHNSON, M.D., B.S., M.R.C.S., L.R.C.P.

# REPORT

## OF

### QUEEN CHARLOTTE'S MATERNITY HOSPITAL

#### FOR 1922.

---

**D**URING the year 1922 eighteen hundred and twenty women were admitted into the Hospital, and it is with these patients that this Report deals. The number of beds has been reduced to eighty-three, of which sixty-five are distributed amongst the lying-in wards. The average length of stay in Hospital was 12 days. In times of pressure this time is less, but this is avoided whenever possible.

The number of Pupil Midwives who entered for the Central Midwives Board Examination was 150, of whom all but six passed, the percentage of failures being 4 only as compared with 23% in Great Britain as a whole.

The entries for the years 1921 and 1922 were as follows :—

			1921.	1922.
Medical Students (Men)	..	..	29	84
„ „ (Women)	..	..	29	40
Qualified Practitioners (Men)	..	..	45	29
„ „ (Women)	..	..	2	2
			— 105	— 155
Midwives (7 months' course)	..	..	27	96
„ (6 „ „ )	..	..	61	—
„ (5 „ „ )	..	..	17	—
„ (4 „ „ )	..	..	46	71
			— 151	— 167
Monthly Nurses (6 months' course)	..	..	2	—
„ „ (5 „ „ )	..	..	10	3
„ „ (4 „ „ )	..	..	1	2
			— 13	5
			269	327

## CLINICAL REPORT, 1922.

In-patient admissions..	..	1820	
Patients delivered ..	..	1779	
Total number children born ..	1801	including 20 cases twins	
		1 case triplets.	
Patients admitted for ante-natal treatment ..	..	31	
Mothers died ..	..	12	Maternal mortality=.61%
Infants still-born ..	..	117	Rate of still-birth=6.4%
Infants died in Hospital ..	45	Rate of Infant mortality=	2.6%.

### PRESENTATIONS.

This report deals with 1779 deliveries. The presentations are classified as follows :—

Vertex ..	1702 cases =	94.5 %
Brow ..	3 „ =	.16%
Face ..	2 „ =	.11%
Breech ..	83 „ =	4.6 %
Transverse	11 „ =	.61%

### VERTEX PRESENTATIONS.

The following table shews the relative frequency of the various Vertex presentations in Primiparae and Multiparae respectively :—

Presentation.	Primiparae.	Multiparae.	Total.
L.O.A. .. .. .	558	391	949
R.O.A. .. .. .	314	203	517
R.O.P. .. .. .	62	41	103
L.O.P. .. .. .	35	18	53
Vertex unclassified .. ..	—	—	80
			1702

The analysis of these positions is as follows :—

<i>Primiparae.</i>			<i>Multiparae.</i>		
L.O.A.	Full Term	539	Full Term	368	
	Premature	19	Premature	23	
R.O.A.	Full Term	296	Full Term	192	
	Premature	18	Premature	11	
R.O.P.	Full Term	58*	Full Term	40	
	Premature	4	Premature	1	
L.O.P.	Full Term	34	Full Term	18	
	Premature	1	Premature	—	



## FACE AND BROW PRESENTATIONS.

Index No.	Presentation	Matu- rity.	Par- ity.	Contr. Pelvis	Treatment	Result M. C.	Remarks.
105	Brow	F.T.	M1	No	Caesarean Sect	G G	Anencephalus. Spontaneous conversion to vertex.
185	Face	36 wks.	M1	No	Normal Labour	G SB	
188	Face	F.T.	M1	No	Normal Labour	G G	
599	Brow	F.T.	M3	No	Forceps, Crani- otomy.	G SB	Contraction ring
1326	Brow	F.T.	P	No	Conversion to vertex, Forceps	G G	

## BREECH PRESENTATIONS.

Cases in which podalic version was performed are not included under this heading.

For the purpose of this report the Breech deliveries have been divided into four classes :—

*Class I.* “Uncomplicated Breech.”

	<i>Primiparae.</i>	<i>Multiparae.</i>	<i>Total.</i>
	33 cases	19 cases	52 cases
Still-born	1 child	2 children	3 „
Died	3 children	— „	3 „

*Class II.* Breech presentation with Complications (Placenta Praevia, Albuminuria, etc.)

10 cases.

Died 3 cases (1 Prematurity)

Still-born 3 cases (2 Placenta praevia) (1 Albuminuria).

*Class III.* Breech presentation.—Foetus non-viable or died during labour.

17 cases.

*Class IV.* Breech presentation.—Caesarean Section.

3 cases. Mortality nil.

CASES OF UNCOMPLICATED BREECH  
DELIVERY.

In the 52 cases of uncomplicated breech delivery there were 3 cases of still birth and 3 deaths. In all three cases resulting in still-birth the child's legs and arms were extended. Of the three deaths, one child was very premature, the other two were delivered in white asphyxia and lived only a few hours. Excluding the case in which the cause of death was pre-maturity we find that the foetal mortality for uncomplicated breech delivery was 9.6%.

### TRANSVERSE PRESENTATIONS.

There were eleven cases of Transverse presentation, one only occurring in a primipara and the rest in multiparae.

Two cases occurred as one of twins. Two cases were associated with placenta prævia and one case with contracted pelvis.

Caesarean Section was performed on two occasions—No. 1509 (contracted pelvis), No. 395 (placenta prævia). Internal version was performed in the remaining nine cases.

There was one maternal death, No. 1713. Five of the children were still born. In one case placenta prævia was the cause of death and another child was dead when the patient was admitted. In two other cases the child was the second of twins.

Numbers 78, 228, 395, 894, 1419, 1479, 1390, 1509, 1713, 1740, 1062.

### MULTIPLE PREGNANCY.

Twins were delivered on twenty occasions and triplets on one occasion, during the year. The following table gives the results to mothers and children ;—

TWINS.

Index No.	Presentations.	Sex.	Maturity.	Weight at Birth.	Result.	Remarks.
<i>Primiparæ.</i>						
55	L.O.A.+R.S.A.	F. F.	Full	5 0 6 0	G. G. G.	1st Forceps.
145	Breech+Breech	F. M.	Full	7 4 4 8	G. G. G.	
613	Vertex+Breech	F. M.	Full	5 0 3 6	G. S. S.	1st Prolapse of Cord 2nd Macerated.
757	L.O.A.+R.O.A.	F. M.	Full	6 4 6 5	G. G. S.	(2nd Placenta retro-placenta). Hæmatoma. Accidental Hæmorrhage.
775	L.S.A.+R.O.A.	M. M.	36 wks.	4 8 4 9	G. G. G.	
911	L.O.A.+R.O.A.	M. M.	33 wks.	— 3 8	G. S. G.	
988	R.O.P.+L.S.A.	F. F.	Full	5 14 6 0	G. S. S.	Mother septic, outside manipulations. 1st Craniotomy. 2nd Version.
1118	R.O.A.+L.O.A.	M. F.	Full	5 2 5 3	G. G. G.	
1062	Vertex+Transverse	M. F.	Full	6 10 5 10	G. G. S.	
1132	L.O.A.+R.O.A.	M. M.	Full	6 8 5 0	G. G. S.	
1167	R.S.A.+L.S.A.	M. F.	Full	5 15 7 4	G. G. G.	Version 2nd child.
1215	R.O.P.+L.S.A.	M. M.	Full	7 0 5 12	G. G. G.	Albuminuria.
1372	Vertex+Vertex	F. F.	Full	4 10 5 2	G. G. G.	Albuminuria.
1386	Vertex+Vertex	M. M.	Full	4 6 3 9	G. G. D.	
<i>Multiparæ.</i>						
235	R.S.A.+L.O.A.	M. F.	Full	4 12 5 13	G. G. G.	
288	L.S.A.+R.O.A.	M. M.	Full	5 3 4 12	G. G. G.	
812	L.S.A.+R.S.A.	M. M.	Full	6 0 5 3	G. G. G.	
1030	R.O.A.+L.S.A.	F. F.	Full	5 6 4 13	G. G. G.	
1250	L.O.A.+R.S.A.	F. M.	Full	6 1 4 14	G. G. G.	
1390	L.O.A.+R.S.A.	M. M.	Full	6 1 —	G. G. S.	2nd extended breech.

TRIPLETS.

Index No.	Presentations.	Sex.	Maturity.	Weight at Birth.	Result.
578	L.O.A.+L.S.A.+R.O.A.	M. M. F.	Full	5 11 5 15 5 12	G. G. G. G





## ANTE-PARTUM HÆMORRHAGE.

Fifty-two cases of Ante-partum Hæmorrhage were encountered during the year. Of these 20 were due to Accidental Hæmorrhage (Table A) from the premature separation of a normally situated placenta, while 32 were due to Placenta Prævia (Table B.)

Among the 20 cases of Accidental Hæmorrhage 5 occurred in Primagravidae. There were no maternal deaths. Eight of the children were still-born, and six died during the puerperium, making the percentage of foetal deaths 70%.

Seven of the thirty-two cases of Placenta Prævia occurred in Primiparae. There were two maternal deaths (undelivered) (6.2%).

Thirteen of the children were still-born and four died later (59.4%) but of the children 19 were premature.

The following tables give details of these cases :—

## (A.) ACCIDENTAL HÆMORRHAGE.

Index No.	Para	Variety.	Maturity of Child.	Albumen.	Treatment.	Result M. C.	Remarks.
103	M3	External	34 weeks	O.	Normal delivery.	G D	Hæmorrhage slight.
375	P	Mixed	40 weeks	early Solid	" "	G G	Eclampsia. Large Clots with placenta.
406	M14	External	43 weeks	O.	" "	G G	Said to have had fit before admission.
436	M5	External	32 weeks	Cloud	Abdominal binder	G D	Eclampsia 4th pregnancy.
508	M5	Mixed	40 weeks	Thick Cloud	Membranes ruptured.	G S	Oedema and vomiting. Prolapse of Cord. Hæmorrhage moderate.
635	M9	Mixed	37 weeks	Cloud	Plugging. Binder. Int. version.	G S	Hæmorrhage moderate.
636	M2	External	37 weeks	O.	Membranes ruptured.	G G	Hæmorrhage slight.
696	M10	Concealed	32 weeks	Cloud	Binder. Pituitrin.	G S	Pulse 100 on admission.
757	P	Mixed	40 weeks	Trace	Binder, normal delivery Normal delivery	G G S	Twins. Large retro-placental hæmatoma, 2nd Placenta.
767	M4	External	40 weeks	Cloud	" "	G G	
791	P	External	40 weeks	Cloud	Membranes ruptured. Binder.	G G	Hæmorrhage 2nd stage.
896	M2	External	26 weeks	O.	Forceps Normal delivery	G D	Hæmorrhage slight.
921	M3	Mixed	38 weeks	O.	Binder	G D	Large retro-placental hæmatoma.
1120	M1	External	40 weeks	Cloud.	Vaginal Plugging	G S	Placenta expelled with child.
1125	P	External	37 weeks	Trace	Caesarean Section	G G	Age of patient 41.
1189	P	External	22 weeks	O.	Normal delivery	G S	
1290	M4	Mixed	40 weeks	$\frac{1}{6}$ Albumen	Normal delivery	G S	Cord prolapsed.
1292	M4	Mixed	40 weeks	Heavy cloud	" "	G S	Placenta expelled with child.
1729	M3	External	35 weeks	Trace	" "	G G	
1774	M2	Rxternal	30 weeks	$\frac{1}{2}$ Solid	Leg brought down.	G D	Treated for "Albuminuria." Induction.



# B. PLACENTA PRÆVIA.

Index No.	Parity.	Maturity of Child	Variety	Condition on Admission	Treatment	Result		Remarks
						M.	C.	
35	P	30 weeks	Central	Pulse 92. Not in labour	Caesarean Section	G	D	Hæmorrhage one week. Moderately severe loss.
172	M7	38 weeks	Marginal	Condition good. In labour.	Version	G	G	District Patient. Sudden profuse hæmorrhage.
208	M1	26 weeks	„	Condition good. Not in labour	Rupture of membranes. Plugging.	G	S	Hæmorrhage 2 days before admission.
228	M3	36 weeks	Lateral	“Blanched.” In labour. Pulse rapid	Version	G	S	Transverse presentation.
247	M2	38 weeks	Marginal	Pulse 110 Not in labour	Rupture of membranes. Plugging.	G	S	Hydramnios. Pulse after delivery 160.
378	P	35 weeks	Marginal	Pulse 76. Not in labour.	Vaginal Plugging, Forceps	G	D	Hæmorrhage not severe.
395	M1	36 weeks	„	Severe hæmorrhage before admission. Not in labour.	Caesarean Section	G	S	Transverse Presentation.
423	M1	32 weeks	Lateral	Condition good. In labour	Normal delivery	G	G	
574	M6	40 weeks	Marginal	Condition good. Not in labour	Vaginal plugging, Version	G	G	Manual removal of adherent placenta.
584	M4	36 weeks	Lateral	Pulse 108. Not in labour	Membranes ruptured Plugging.	G	G	Hæmorrhage not severe.
610	M4	37 weeks	Lateral	Pulse 100. Not in labour	Membranes ruptured Plugging.	G	S	Preech presentation. Contraction ring.
634	M4	32 weeks	Central	Pulse 116. Not in labour.	Caesarean Section	G	G	
640	M3	38 weeks	Central	Pulse 92. Not in labour	Plugging	G	S	Pulse on delivery 140.
697	M5	40 weeks	Central	Moribund. Not in labour.	Plugging Saline intravenously.			Died undelivered.
716	P	35 weeks	Central	Temp. 99.6. Pulse 92. Not in labour	Caesarean Section	G	G	
766	M12	40 weeks	Central	Condition good. In labour	Caesarean Section	G	S	Stenosis of cervix. F.H.N.H. on admission.
844	M1	32 weeks	Marginal	Pulse 98. Not in labour	Membranes ruptured. Plugging.	G	S	
875	M3	26 weeks	Marginal	Condition good. In labour	Bi-polar Version.	G	G	Hæmorrhage not severe.
883	P	34 weeks	Lateral	Condition good. In labour	Membranes ruptured Binder.	G	G	Hæmorrhage not severe.
971	M9	32 weeks	Central	Pulse 118. Not in labour	Membranes ruptured. Plugging.	G	S	F.H.N.H. on admission, P.P.H.
1065	M3	26 weeks	Marginal	Condition good. Not in labour	Membranes ruptured Plugging. Q.C.H. bag	G	S	
1081	P	38 weeks	Central	„ „ „ „ „	Caesarean Section	G	G	
1222	M7	40 weeks	Lateral	Condition good. In labour	Normal delivery	G	G	Hæmorrhage slight
1256	M1	39 weeks	„	Blanched	Normal delivery	G	G	
1379	M3	29 weeks	Central	Blanched, pulseless	Intravenous Saline, Version.	G	S	
1383	M7	38 weeks	Central	Moribund	Intravenous Saline, Version.			Died undelivered 4 hours after admission.
1470	M2	40 weeks	Central	Condition good. In labour	Leg brought down	G	S	Breech presentation.
1528	M2	26 weeks	Central	Pulse 96. Not in labour	Vaginal plugging. Caesarean Section	G	D	
1557	P	34 weeks	Central	Condition good. Not in labour	Caesarean Section	G	D	
1608	M3	40 weeks	Lateral	Pulse 136.. Not in labour	Normal delivery	G	G	
1685	M4	40 weeks	Marginal	Pulse 96.	Vaginal plugging, Version	G	G	
1661	P	20 weeks	Central	Pulse 120. Temp. 99.4	Q.C.H. bag. Leg brought down.	G	S	





## POST-PARTUM HÆMORRHAGE.

Taking as a standard the post partum loss of twenty ounces, there were nine cases of this complication in 1922. Of these 3 were Primiparæ and 6 multiparæ. The hæmorrhage was from the placental site in all cases. Two cases followed ante-partum hæmorrhage (placenta prævia and accidental hæmorrhage) and one case occurred in a case of eclampsia.

The placenta was adherent in four cases. There were no maternal deaths.

The treatment consisted in the majority of cases in the administration of Pituitrin after removal of the placenta if this were in situ.

## MANUAL REMOVAL OF THE PLACENTA.

This was resorted to in fifteen cases. There was adherence in ten cases, four of which are included under post-partum hæmorrhage. Three were cases of placenta prævia. Eight of the patients were primiparæ.

The puerperium was febrile in seven cases. The mortality was nil.

## ALBUMINURIA.

In the routine examination of patients previous to their admission to the Hospital the urine is carefully tested. At delivery the urine is again examined and the presence of albumen noted. In every case in which albumen is present during labour a further examination is made on the 5th day of the puerperium and repeated later if albumen is still present.

For the purpose of this Report the cases in which the presence of albumen was detected are divided into five classes :—

- Class I. Albumen present only during Labour.
- Class II. Albumen present on the 5th day also.
- Class III. Albumen present with toxic symptoms.
- Class IV. Cases of Chronic Nephritis.
- Class V. Albumen present with pus.

In all 447 patients had albuminuria during Labour. 298 were Primiparæ and 149 Multiparæ. The percentage incidence was thus 25.1%. The analysis of the cases is as follows :—

Class I.	Primiparæ	231
	Multiparæ	116
Class II.	Primiparæ	16
	Multiparæ	12
Class III.	Primiparæ	39
	Multiparæ	6
Class IV.	Primiparæ	1
	Multiparæ	8
Class V.	Primiparæ	11
	Multiparæ	7

Class III. includes 16 cases of Eclampsia, details of which are given in the following table :—

# ECLAMPSIA.

Index No.	Age.	Parity.	Onset of Fits.	Maturity of Child.	Blood pressure on Admission.	No. of Fits.	Albumen.	Treatment and Remarks.	Result. M. C.
187	31	P.	Before	28 wks.	165	21	1%	Veratrone, Morphia, Rectal wash-out.	G. S.
375	22	P.	Before	Full (?)	155	12	"Solid"	Rupture of Membranes. Forceps.	G. S.
402	21	P.	During	Full	197	*1	"Solid"	Morphia, Spontaneous delivery soon after admission.	G. D.
548	28	P.	Before	26 wks.	—	Many	Almost solid blood.	Induction for toxæmia, Morphia, Forceps	G. G.
823	25	P.	During	Full	190	2	Thick cloud	Admitted comatose. Died $\frac{1}{2}$ hour later, 7 hours after 1st fit.	D.†
834	22	P.	Before	24 wks.	165	6	"Solid"	Veratrone. Normal delivery. After delivery retinitis, mental condition.	G. G.
837	—	P.	During	Full	178	16	"Solid"	Veratrone, Morphia, Bi-polar Version.	G. S.
856	28	P.	Before	38 wks.	150	2	$\frac{1}{3}$ "Solid"	Veratrone, Forceps.	G. G.
906	28	P.	Before	26 wks.	155	2	$\frac{1}{2}$ "Solid"	Veratrone, Forceps for foetal distress.	G. G.
645	19	P.	Before	Full	157	40	"Solid"	Veratrone, Induction, Normal delivery.	G. S.
974	38	M4	Before	34 wks.	195	7	$\frac{1}{3}$ "Solid"	Venesection, Veratrone both repeated.	G. G.
998	31	M3	After	Full	128	5	$\frac{1}{2}$ "Solid"	Under treatment for "Toxæmia," Veratrone.	G. G.
1296	22	P.	Before	Full	170	12	Almost solid	Admitted after delivery. Veratrone.	G. D.
1654	23	P.	Before	Full	175	25	Thick cloud	Veratrone. Induction.	G. G.
1706	21	P.	Before	36 wks.	175	19	Cloud	Veratrone, Rectal wash out, Forceps.	G. G.
1736	35	P.	Before	38 wks.	212	11	"Solid"	Venesection. Veratrone.	G. G.
							Thick cloud	Veratrone.	D.†

\* Coma some hours. † Died undelivered.  
 Maternal Mortality 12.5%. Foetal Mortality 43.7%.

# CORD COMPLICATIONS.

Index No.	Age.	Parity.	Contracted Pelvis.	Maturity.	Variety,	Treatment.	Resultt. M. C.	Remarks.
119	24	P.	No	36 wks.	Prolapse	Reposition, Forceps	G. G.	Os fully dilated when cord pro- lapsed.
181	22	P.	No	Full	Prolapse	Episiotomy	G. G.	Head on perinium when cord pro- lapsed.
388	33	M4	Yes	36 wks.	Prolapse + Hand	Hand replaced	G. S.	Os half dilated when cord pro- lapsed.
484	46	M2	Yes	Full	Prolapse	Cord pulseless Reposition	G. S.	Os 2/6, Pulsations ceased during reposition.
508	40	M5	No	Full	Prolapse	Int. Version	G. S.	Accidental Hæmorrhage, Os $\frac{1}{2}$ dilated.
613	27	P.	No	Full	Prolapse	Int. Version	G. S.	1st of twins also prolapsed arm
624	20	P.	Yes	Full	Prolapse	No treatment	G. S.	Induction for contracted pelvis
738	25	M1	Yes	Full	Prolapse	Reposition	G. G.	Os 5/-
740	24	M1	No	Full	Prolapse + arm	Int. Version	G. S.	Transverse presentation. Cord pulseless on admission.
761	27	M1	Yes	Full	Prolapse	Craniotomy	G. S.	Cord pulseless on admission.
783	21	P.	Yes	38 wks.	Prolapse	Forceps	G. G.	Spondylodisthetic Pelvis. Induction, R.O.P. presentation. Cord prolapsed during manual rotation.
1207	40	M1	No	Full	Prolapse	Normal delivery	G. G.	Cord prolapsed 2nd stage.
1290	37	M4	No	Full	Prolapse	Normal delivery	G. S.	Accidental Hæmorrhage.
1345	41	M13	No	Full	Prolapse	Reposition. Int. Version	G. S.	Os 5/-
1428	34	P.	Yes	Full	Prolapse	Reposition, Forceps	G. S.	Os fully dilated
1796	24	P.	No	Full	Prolapse	Normal delivery	G. G.	Breech. Os fully dilated.

Fœtal Mortality = 62.5%.



## HYDRAMNIOS.

Seven cases of this condition are recorded. In one case foetal ascites was present and in another case the foetus had a large goitre. In all other cases the infants were normally developed.

No. 143, 247, 1138, 1161, 1180, 1400, 1456.

## OBSTETRIC OPERATIONS.

## INDUCTION OF LABOUR.

During the year labour was induced on 111 occasions, 62 caess being Primiparæ and 49 being Multiparæ.

The methods used were as follows :—Krause's method (86 cases) Q.C.H. bag (12 cases), De Ribes' bag (1 case), Stomach tube (10 cases), Tents (1 case), Rupture of membranes (1 case).

The following table shews the indications for the Induction of labour :—

INDICATIONS.	Primiparæ.	Multiparæ.	Total.
Disproportion .. .. .	47	37	84
Persistent Breech .. .. .	5	—	5
Albuminuria .. .. .	6	3	9
Placenta Prævia .. .. .	—	1	1
Cardiac Disease .. .. .	2	4	6
Eclampsia .. .. .	1	—	1
Post-Maturity .. .. .	1	1	2
Pyelitis .. .. .	—	3	3
	62	49	111

None of the mothers died. The puerperium was febrile in 10 cases, giving a Maternal Morbidity rate of 9%.

Of the children 16 were still-born and 3 died after delivery. Of the still-born infants 6 were non-viable and one was a case of Hydatidiform Mole. Two others occurred in cases of albuminuria. In four of the cases induced for disproportion, prolapse of the cord was the cause of still-birth.

Of the three children who died one was delivered at 36 weeks.

The Fœtal Mortality of Induction excluding the 6 non-viable cases and the case of Hydatidiform Mole may be stated as 8.1%.

## FORCEPS.

Forceps were applied to effect delivery on 140 occasions. This gives a forceps rate for 1922 of 7.8%.

One hundred and twenty-three were Primiparæ and seventeen Multiparæ.

The following table shews the indications for the use of Forceps in these cases :—



INDICATION.	Primiparæ.	Multiparæ.	Total.
Inertia .. .. .	21	4	25
Fœtal distress .. .. .	23	3	26
Persistent Occipito-posterior presentation	23	6	29
Disproportion .. .. .	17	—	17
Rigidity of soft parts .. .. .	13	—	13
Large Child .. .. .	5	1	6
Eclampsia .. .. .	5	—	5
Albuminuria .. .. .	3	—	3
Cardiac Disease .. .. .	2	—	2
Ante-partum Hæmorrhage .. .. .	2	1	3
Maternal Exhaustion .. .. .	1	—	1
Prolapse of Cord .. .. .	3	1	4
Contracted Outlet .. .. .	3	1	4
Prolapse of hand .. .. .	1	—	1
Brow presentation .. .. .	1	—	1
	123	17	140

There was one Maternal Death, No. 617. The Maternal Mortality was therefore .71%. The puerperium was febrile in 15 cases of the Primiparæ and 5 cases of the Multiparæ, giving a Morbidity rate of 14.2%.

Thirteen children were still-born and seven died soon after birth.

Particulars of the still-born children are as follows :—

Placenta Prævia	1 case.	
Eclampsia	1 case.	
Albuminuria	2 cases	
Prolapsed Cord	1 case.	
Contracted pelvis	2 cases.	One child dead before forceps applied.
Fœtal distress	3 cases.	
Large child	1 case.	
Fœtal Ascites	1 case.	

In the three remaining cases post-mortem examination of the child shewed intra-cranial hæmorrhage in two cases and a fracture of the skull in one case.

Particulars of the seven children who died are :—one child was born in white asphyxia and died in a few hours, one died of gastro-enteritis and one of pneumonia. In one the cause of death was not obvious. The remaining three shewed intra-cranial hæmorrhage on post-mortem examination.

## VERSION.

Version was performed 18 times during the year.

INDICATIONS.	Bi-polar.	Internal.
Transverse Presentation .. .. .	—	9
Placenta Prævia .. .. .	2	1
Prolapse of Cord, ante-partum hæmorrhage	—	1
Prolapse of Cord and Arm .. .. .	—	2
Persistent Occipito-posterior presentation, Manual rotation and Forceps failed ..	—	1
Eclampsia .. .. .	1	—
Albuminuria .. .. .	—	1 (2nd twin)
	3	15

## PERFORATION.

Perforation was performed on nine occasions in 1922.

Indication.	Total No. of cases.	Index Numbers and Remarks.
Contracted Pelvis .. .. .	4	See Table
Brow. Contraction ring .. (Slight contraction of pelvis)	1	No 599
Maternal distress .. .. .	1	No. 988. Twins. Mother septic. Os undilated.
Meningocele .. .. .	1	No. 1170
Hydrocephalus .. .. .	2	No. 1133, 1225

Maternal Mortality, Nil.

## CAESAREAN SECTION.

This operation was performed on 58 occasions. The indications for the operation is shewn in the following table :—

Indication.	No. of Cases	Results		Remarks.
		Mother.	Child.	
Contracted Pelvis ..	40	1 death	1 death	See Table.
Placenta Prævia ..	7	—	4 deaths	See Table " Placenta Prævia."
Impacted Brow .. ..	1	—	—	No. 105
Double Uterus .. ..	1	—	—	No. 116
Double Monster, Obstructed Labour.	1	1 death	1 death	No. 382
Osteoma of Pelvis ..	1	—	—	No. 514
Fibroids .. ..	1	—	—	
Accidental Hæmorrhage	1	—	—	No. 1125
Contraction ring ..	1	—	—	
Pulmonary Tubercle ..	1	—	1 non-viable	No. 96, Sterilization
Cardiac Disease .. ..	2	—	1 non-viable	No. 338
Pyrexia & Vomiting of unknown origin.	1	—	1 non-viable	No. 1072

Maternal Mortality 3.4%.

Both of the patients who died had been examined outside previous to admission to the Hospital.

Vaginal Caesarean Section was performed on one occasion, No. 338.

## CONTRACTED PELVIS.

One hundred and forty cases of Contracted Pelvis were treated during the year. The following is a brief analysis of the cases and results.

Method of Treatment.	No. of Cases	Deaths		Mortality %	
		Mothers	Children	Maternal	Foetal
Forceps without induction	14	—	2	Nil.	14.2%
Induction .. ..	81	—	9	Nil.	11.1%
Craniotomy .. ..	5	—	5	Nil.	100%
Caesarean Section ..	40	1	1	2.5%	2.5%

Of the induced cases 12 had to be further aided by the use of forceps. Full details are given in the following tables :—

# CONTRACTED PELVIS TREATED BY FORCEPS. LABOUR NOT INDUCED.

Index No	Age	Para.	Int. Spin.	Int. Crist.	Ext. Conj.	Weight of Child	L'gth.	Cir. of Head.	Born Alive.	Position.	Duration of 1st stage	Labour. 2nd stage.	Result of 10th day. Mother. Child.	Remarks.
778	28	P	9 $\frac{3}{4}$	11 $\frac{1}{4}$	8 $\frac{1}{4}$	6.14	20	13	Yes	L.O.A.	hrs. mins. 40 0	6 40	G.	Contracted outlet.
901	33	P	8 $\frac{1}{2}$	10	7 $\frac{1}{2}$	7.2	21	14	Yes	R.O.A.	24 30	3 0	G.	"
995	28	P	8 $\frac{1}{2}$	9 $\frac{3}{4}$	7	5.10	19	13 $\frac{1}{2}$	Yes	R.O.A.	12 0	4 0	G.	"
684	24	P	9 $\frac{1}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	7.5	20	14 $\frac{1}{2}$	Yes	L.O.T.	43 0	2 40	G.	Difficulty at outlet.
1001	23	P	10	10 $\frac{3}{4}$	—	7.5	21	14	No	L.O.A.	23 20	4 15	G.	Forceps delivery difficult.
1047	26	P	8 $\frac{1}{2}$	10	7 $\frac{1}{2}$	7.8	21	14 $\frac{1}{2}$	Yes	R.O.T.	22 15	2 55	SB.	
1048	34	P	8 $\frac{1}{2}$	10	7 $\frac{1}{2}$	7.8	21	14	Yes	R.O.A.	19 30	5 25	G.	
1097	36	P	8 $\frac{1}{2}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	5.15	20	13	Yes	R.O.A.	33 0	3 45	G.	
1114	27	P	9	10	8 $\frac{1}{2}$	8.5	20 $\frac{1}{2}$	13 $\frac{1}{2}$	Yes	L.O.A.	29 40	3 20	G.	Difficulty at outlet. Post Spin 3 $\frac{1}{2}$
1199	27	P	10	11 $\frac{1}{2}$	7 $\frac{1}{4}$	7.9	—	14	Yes	L.O.A.	38 0	3 20	G.	Difficulty at outlet, Post Spin 3 $\frac{1}{2}$
1421	30	P	9 $\frac{1}{2}$	10 $\frac{1}{2}$	7 $\frac{1}{4}$	8.9	22	14	Yes	L.O.A.	4 45	4 35	G.	Post. Inter Spin. 3 $\frac{3}{4}$
1603	24	P	8 $\frac{1}{2}$	9 $\frac{1}{2}$	8	7.15	20	14	Yes	L.O.A.	25 15	1 55	G.	Post. Inter Spin. 3
1663	31	P	8 $\frac{3}{4}$	9 $\frac{1}{4}$	7	6.1	22	13 $\frac{1}{2}$	Yes	R.O.P.	35 0	3 55	G.	
1752	20	P	8	10	6	6.14	22	14	No	L.O.A.	81 30	1 10	G.	Patient's height 4 ft. 4 ins.

Maternal Mortality, nil.

Fœtal Mortality 14.2%.



CONTRACTED PELVIS. INDUCTION OF LABOUR.

Number.	Age.	Para.	Previous Deliveries.	Int. Spin.	Int. Crist.	Ext. Conj.	Diag. Conj.	Duration of Induction.	Weight of Child.	L'gth.	Circ. of Head.	Term in weeks.	Duration of Labour.			Result.	
													1st stage.	2nd stage			
													hrs.	mins.	hrs.	mins.	
28	29	M1	1st S.B.	8 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	PNF	3 hours	6.12	19	—	39				G G	
64	22	P	—	8 $\frac{1}{2}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	PNF	24 hours	6.3	19 $\frac{1}{2}$	13 $\frac{1}{2}$	39				G G	
88	31	M1	1st Craniotomy	8 $\frac{1}{2}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	4		See Caesarean	Section Chart.						G G	
127	22	P	—	9 $\frac{1}{4}$	9 $\frac{3}{4}$	6 $\frac{1}{4}$	3 $\frac{3}{4}$	3 hours	6.4	19 $\frac{1}{2}$	14	39	8	1	20	G G	
139	19	P	—	9 $\frac{3}{4}$	10 $\frac{3}{4}$	8	PNF	—	6.5	20 $\frac{1}{2}$	14	39	12	1	10	G G	
174	36	M2	1 Induction	10	10 $\frac{1}{2}$	6 $\frac{3}{4}$	4	27 hours	6.10	20	14	40	9	40	1	50	G G
175	32	P	—	9 $\frac{1}{2}$	11	7	PNF	4 days	6.7	20	14	40	14	20		5	G G
176	21	P	—	8	9 $\frac{3}{4}$	8	PNF		6.6	20	13	40	19	30		30	G G
209	27	M1	1st Forceps SB.	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{4}$	—	—	See Caesarean	Section Chart						G G	
210	20	P	—	9 $\frac{1}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	4	18 hours	6.14	21 $\frac{1}{2}$	14	40	5	15	1	45	G G
239	20	P	—	8	10	6 $\frac{3}{4}$	4	12 hours	7.8	20	14 $\frac{1}{2}$	40	52		3	5	G G
241	20	P	—	9 $\frac{3}{4}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{4}$	32 hours	5.11	20	13 $\frac{1}{2}$	39	47		2	40	G G
253	38	M3	1st Forceps S.B. 2 Inductions	8 $\frac{3}{4}$	10 $\frac{1}{2}$	6 $\frac{1}{4}$	4	4 $\frac{1}{2}$ hours	6.3	19	14	36	5	15	3	15	G D
																Intra cranial hæmorrhage.	
254	20	P	—	10 $\frac{1}{4}$	11	7 $\frac{1}{4}$	PNF	51 hours	6.3	20	13 $\frac{1}{2}$	40	12	30	1	20	G G
267	21	P	—	8	10 $\frac{1}{2}$	7	4 $\frac{1}{2}$	36 hours	6.8	21	14	40	18	30		45	G G
277	22	M1	1st Forceps	9 $\frac{1}{4}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	PNF	2 $\frac{1}{2}$ days	6.3	20	13 $\frac{1}{2}$	40	9		4	30	G G
280	27	M1	1 Induction	8 $\frac{1}{2}$	9 $\frac{1}{2}$	6 $\frac{3}{4}$	PNF	1 hour	5.12	18	13	38	9	15		25	G G
304	21	P	—	8 $\frac{1}{4}$	9 $\frac{1}{2}$	7 $\frac{1}{2}$	PNF	5 days	7.11	21	14 $\frac{1}{2}$	40	24	15		40	G G
306	25	P	—	8 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	PNF	5 days	6.4	19	14	38	16	5	2		G G
388	33	M3	1st Forceps SB. 2 induct., alive	9	10	7 $\frac{1}{2}$	PNF	2 days	6.1 $\frac{1}{2}$	21	14	40	11			20	G SB
412	30	P	—	9	9 $\frac{1}{2}$	7	4	30 hours	6.2	20	13 $\frac{1}{2}$	36	88		3	45	G G
427	40	P	—	9 $\frac{1}{2}$	10	7 $\frac{1}{4}$	4 $\frac{1}{2}$	1 hour	4.12	18	13	37	8		1	50	G SB
455	25	M1	1st Induction and Forceps	8 $\frac{1}{2}$	9 $\frac{3}{4}$	7	4 $\frac{1}{4}$	2 days	6.2	19	14	38	16	55		5	G G
484	46	M1	—	10	11 $\frac{1}{2}$	7 $\frac{1}{4}$	3 $\frac{1}{4}$	4 days	6.1	20 $\frac{1}{2}$	14	40	6				G SB
					Nægle Pelvis											Prolapsed Cord	
485	36	M1	1st Breech SB.	—	—	—	—	4 days	7.14	21	14	40	11	30		30	G G
587	23	P	—	9 $\frac{1}{2}$	10	7 $\frac{1}{4}$	4	3 days	6.4	20	14	40	26		2	10	G G
593	25	P	—	8	9	7	4 $\frac{1}{4}$	4 hours	5.14	19 $\frac{1}{2}$	14	38	15	45	2	55	G G
624	20	P	—	8 $\frac{1}{2}$	9 $\frac{1}{4}$	7	PNF	3 days	6.13	22	—	40	29	30	2	30	G SB.
633	31	M4	1 Induction	9	10	6 $\frac{3}{4}$	4 $\frac{1}{4}$	24 hours	5.11	19 $\frac{1}{2}$	13 $\frac{1}{2}$	38	6	25			G G
637	20	P	—	9	9 $\frac{3}{4}$	7 $\frac{3}{4}$	—	30 hours	8.11	22	14 $\frac{1}{2}$	40	51		3		G D
					Funnel Pelvis											Forceps. Foetal Ascitis	
638	43	M3	1st Forceps alive 2nd Normal.	9 $\frac{1}{2}$	10 $\frac{3}{4}$	7 $\frac{3}{4}$	4 $\frac{1}{4}$	24 hours	7.6	20	14	40	30	10			G G
662	39	M4	2 Forceps normal	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{4}$	—	3 days	7.2	22	13 $\frac{1}{2}$	40	34	15		15	G G
699	32	M9	All Forceps 6 SB.	8 $\frac{1}{2}$	10	7 $\frac{1}{4}$	—	4 $\frac{1}{2}$ days	6.11	21	13 $\frac{1}{2}$	40	3	40		5	G G
709	39	P	—	10 $\frac{1}{2}$	10 $\frac{3}{4}$	7 $\frac{1}{4}$	Prom. felt	2 days	5.9	19	13	38	29		1	15	G G
735	18	P	—	8 $\frac{1}{2}$	10	7 $\frac{1}{4}$	PNF	3 days	6.12	20	14	40	17		1	15	G G
736	28	P	—	10	10 $\frac{3}{4}$	7 $\frac{1}{4}$	4 $\frac{3}{4}$	1 day	10.0	21	14 $\frac{1}{2}$	40	29		2	55	G G
737	33	P	—	9 $\frac{1}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{4}$	4 $\frac{1}{4}$	2 $\frac{1}{2}$ days	7.0	20	13 $\frac{1}{2}$	40	18	30	3	15	G G
783	21	P	—	9 $\frac{1}{2}$	11	7 $\frac{1}{4}$	PNF	3 days	7.7	20	13 $\frac{1}{2}$	38	4		3	20	G G
																Forceps. Pro-lapsed Cord	
784	19	P	—	8	9 $\frac{1}{4}$	7 $\frac{1}{4}$	—	1 $\frac{1}{2}$ days	6.4	19	14	38	16	30	1		G G
790	18	P	—	8 $\frac{1}{2}$	10	7	PNF	3 days	5.7	19	13	40	6	30	1	40	G G
806	26	P	—	10	10 $\frac{3}{4}$	6 $\frac{3}{4}$	PNF	5 days	6.2	20	13 $\frac{1}{2}$	40	10		3	15	G G
821	22	P	—	8 $\frac{1}{2}$	10	7 $\frac{3}{4}$	4	1 day	7.1	20	14	40	45		2	20	G G
827	24	M3	2 Inductions	8	9	7 $\frac{1}{4}$	4 $\frac{1}{4}$	3 days	6.8	20	13 $\frac{1}{2}$	40	13	45		30	G G
857	22	P	—	10 $\frac{1}{2}$	11 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{4}$	6 days	7.4	21	15	39	22		2		G G
858	23	P	—	9 $\frac{1}{2}$	10 $\frac{1}{2}$	6 $\frac{3}{4}$	4 $\frac{1}{4}$	2 days	5.10	20	13	40	28	30	1	15	G G
865	30	M1	1st Induction	7 $\frac{1}{2}$	10	7 $\frac{1}{4}$	—	1 day	7.15	21	15	40	25	30	1		G G
866	26	M3	2 Inductions	9	9 $\frac{3}{4}$	7 $\frac{1}{4}$	4 $\frac{1}{4}$	5 days	6.13	20	14	40	6	50		10	G G
939	18	P	—	9 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	4 $\frac{1}{4}$	3 hours	7.10	21	14	40	9			40	G G
983	20	M1	1st Induction SB	8	9 $\frac{1}{2}$	7	4 $\frac{1}{4}$	1 hour	6.10	20	13 $\frac{1}{2}$	40	11	50			G G
1031	29	M1	1st died after birth	9	9 $\frac{3}{4}$	7 $\frac{3}{4}$	4 $\frac{3}{4}$	6 days	6.6	20	14	38	11	35			G G
1040	29	P	—	7 $\frac{3}{4}$	9 $\frac{1}{2}$	6 $\frac{3}{4}$	4 $\frac{1}{2}$	2 days	7.1	21	14	40	29	45		45	G G
1063	22	P	—	9	11	7	PNF	1 day	5.8	20	13 $\frac{1}{2}$	40	24	5	1	5	G G
1064	22	P	—	7 $\frac{1}{2}$	8 $\frac{3}{4}$	7	Prom. felt	4 days	6.10	21	14 $\frac{1}{2}$	40	50		1	20	G G
1075	26	M1	1st S.B.	9 $\frac{1}{2}$	11	7	—	19 hours	5.14	18	14	38	11	45		30	G G
1110	25	M1	1st Induction died at 2 weeks.	9 $\frac{1}{4}$	10 $\frac{3}{4}$	7	Prom. felt	12 hours	6.2	20	—	38	6	30	1		G G
1112	27	P	—	7 $\frac{1}{2}$	8 $\frac{1}{2}$	6 $\frac{1}{4}$	3 $\frac{3}{4}$	15 hours	4.12	19	13	38	77	30	3	25	G G
1113	21	P	—	8 $\frac{1}{2}$	10 $\frac{3}{4}$	7 $\frac{1}{2}$	PNF	—	6.4	21 $\frac{1}{2}$	13 $\frac{1}{2}$	40	45	45	3	15	G G
1153	20	P	—	9 $\frac{1}{2}$	10 $\frac{3}{4}$	7	3 $\frac{1}{4}$	16 hours	6.14	21	14	40	38		3		G G
1211	27	M1	1st Forceps	9	10 $\frac{1}{4}$	7 $\frac{1}{4}$	4 $\frac{1}{4}$	58 hours	8.7	22	14	40	31	45		25	G G
1226	28	M1	1st Forceps	8 $\frac{1}{2}$	10	7	—	3 hours	6.2	21	—	38	6	45		25	G G
1251	29	P	1st Forceps	8	9 $\frac{1}{2}$	7 $\frac{1}{4}$	4	48 hours	7.2	20	14	38	14	30		30	G G
1254	31	M1	—	8 $\frac{3}{4}$	9 $\frac{3}{4}$	6 $\frac{3}{4}$	—	3 days	6.2	20	14	38	69		2	50	G G
1557	23	M3	3 SB.	7 $\frac{1}{2}$	8 $\frac{3}{4}$	6 $\frac{3}{4}$	3 $\frac{1}{2}$	3 hours	7.2	20	13 $\frac{1}{2}$	38	22	35			G G
1259	22	P	—	10	10 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$ +	—	7.0	20	14	40	17	45	1	10	G G
1343	19	P	—	8	9 $\frac{3}{4}$	7 $\frac{1}{2}$	PNF	—	7.1	20	14 $\frac{1}{2}$	40	48		1	15	G G
1371	26	M2	1st Forceps, SB. 2nd Induction.	8 $\frac{1}{4}$	9 $\frac{3}{4}$	6 $\frac{3}{4}$	—	4 days	5.14	19	13 $\frac{1}{2}$	38	10	20		?	G G
																Breech	
1409	25	M1	1st Forceps S.B.	9	9 $\frac{3}{4}$	7 $\frac{1}{4}$	Prom. felt	2 days	7.11	22	14	38	11	10		30	G G
1427	28	M1	1st Forceps SB.	8 $\frac{1}{4}$	9 $\frac{1}{2}$	7 $\frac{1}{2}$	PNF	4 days	7.1	20	14	38	31	30		10	G G
																Forceps, Foetal distress.	
1428	34	P	—	9 $\frac{3}{4}$	10 $\frac{1}{2}$	7	Prom. felt	2 days	5.9	20	13	40					G SB.
																Forceps. Pro-lapse of Cord	
1456	27	P	—	9	10	7 $\frac{1}{2}$	—	5 days	9.12	23	14 $\frac{1}{2}$	40	68		3	55	G G
1457	22	P	—	9	10 $\frac{1}{4}$	7	PNF	5 days	6.6	21	13 $\frac{1}{2}$	38	53		1	40	G G
1461	22	P	—	8 $\frac{1}{2}$	10	7 $\frac{3}{4}$	—	—	6.6	21	13	40	9	10		35	G G
1486	39	M1	—	8	9 $\frac{1}{2}$	8	—	—	7.14	21	14 $\frac{1}{2}$	40	30	30		10	G G
1527	32	P	—	10	10 $\frac{1}{2}$	6 $\frac{3}{4}$	4 $\frac{1}{4}$	2 days	6.10	19	13	38	42	10			G G
1589	25	P	—	9	10 $\frac{1}{2}$	8	PNF	4 days	6.14	20	13 $\frac{1}{2}$	40	26			20	



CONTRACTED PELVIS TREATED BY CÆSAREAN SECTION.

Index No.	Age.	Para.	Int. Spin.	Int. Crist.	Ext. Conj.	Diag. Conj.	Child's Weight.	Child's Length.	Result. Mother. Child.		Remarks.
28	29	M2	8 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	PNF	6.12	19	G	G	1st child still-born. See Induction.
68	29	M2	—	—	—	—	7.4	20	G	G	1st child forceps, still-born. Labour at 37 wks Foetal distress.
88	31	M1	8 $\frac{1}{2}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	4	5.13	19	G	G	1st child craniotomy. Induced at 38th week.
135	27	P	8 $\frac{1}{4}$	9 $\frac{1}{2}$	6 $\frac{1}{2}$	—	7.9	20	G	G	First seen in labour.
162	44	M3	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7	4	8.4	—	G	G	Forceps 1, Induction 2 (both still-born).
209	27	M1	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{4}$	—	7.8	20	G	G	1st Forceps, SB. Induction tried at term— rigid Os. Foetal distress.
255	31	P	9	9 $\frac{3}{4}$	6 $\frac{3}{4}$	3 $\frac{3}{4}$	7.6	21	G	G	
262	30	M2	8	8 $\frac{1}{4}$	6	—	6.10	20	G	G	2 previous Caesarean Sections.
282	32	M1	9 $\frac{1}{2}$	10 $\frac{1}{2}$	6 $\frac{1}{4}$	3 $\frac{1}{2}$	7.8	21	G	G	1st Forceps S.B. Well marked signs of rickets
332	25	P	8 $\frac{1}{4}$	9 $\frac{1}{4}$	6 $\frac{3}{4}$	4 $\frac{1}{4}$	7.5	21	G	Fair	Breech with extended legs. External version unsuccessful.
380	34	M1	9 $\frac{1}{4}$	10 $\frac{3}{4}$	8	—	7.15	21	G	G	1st child craniotomy.
416	39	M3	9	10	7	4 $\frac{1}{4}$	6.11	20	G	G	2 still-born children.
512	33	P	10	10 $\frac{1}{2}$	7	4	7.5	21	G	G	Fibroid weighing 15 lbs. removed at 3rd month of pregnancy.
523	20	P	7	8 $\frac{3}{4}$	6 $\frac{1}{4}$	3 $\frac{1}{2}$	5.7	19	G	G	
588	23	M4	8 $\frac{1}{4}$	9 $\frac{1}{2}$	7	4 $\frac{1}{2}$	7.15	—	G	G	
658	26	P	—	—	—	3 $\frac{3}{4}$ +	7.0	—	Died	G	Admitted as "Obstructed Labour" 9 hours after rupture of membranes.
671	34	M1	9 $\frac{1}{4}$	10 $\frac{1}{2}$	6 $\frac{1}{2}$	—	5.11	19 $\frac{1}{2}$	G	G	Previous Caesarean Section.
691	40	M1	8 $\frac{1}{2}$	9 $\frac{3}{4}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	8.6	—	G	G	1st Forceps still-born (prolapse of cord).
773	42	M2	—	—	—	Prom. easily felt.	8.11	21	G	G	All deliveries instrumental, 6 still-born, rest premature babies.
786	23	P	8 $\frac{1}{4}$	8 $\frac{1}{2}$	6 $\frac{1}{4}$	3 $\frac{1}{2}$	6.12	—	G	G	Reniform pelvis, marked lumbar curve. Height 4 ft. 5 $\frac{1}{2}$ ins.
818	28	P	9 $\frac{1}{2}$	10 $\frac{1}{4}$	6 $\frac{3}{4}$	3 $\frac{3}{4}$	7.7	—	G	G	
877	29	P	—	—	—	3 $\frac{3}{4}$	7.11	20	G	G	Previous attempt at forceps delivery outside. Pulse 130. Uterus irritable.
952	23	P	9	10	7	3	6.14	—	G	G	
987	19	M1	8 $\frac{1}{2}$	10	6 $\frac{1}{2}$	4	6.0	20	G	G	Flat pelvis. Previous Caesarean Section.
1034	31	M2	11	11 $\frac{1}{2}$	6 $\frac{1}{4}$	—	7.9	21	G	G	1st Forceps still-born, 2nd Caesarean, Kyphotic pelvis.
1068	37	M2	9 $\frac{1}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{4}$	3 $\frac{3}{4}$	7.0	20	G	G	2 still births.
1078	28	M1	8 $\frac{1}{4}$	9 $\frac{1}{4}$	7	4	7.5	—	G	G	Previous miscarriage.
1148	23	P	8 $\frac{1}{2}$	10 $\frac{1}{4}$	7	4 $\frac{1}{4}$	6.12	20	G	G	
1380	34	M2	9	9 $\frac{1}{2}$	6	3 $\frac{3}{4}$	6.13	20	G	G	
1381	30	M1	—	—	—	—	8.9	—	G	G	Extended Breech. "Contracted Pelvis."
1429	22	M2	10 $\frac{1}{4}$	11 $\frac{1}{4}$	7 $\frac{1}{4}$	4	6.1	20	G	G	1st Forceps. 2nd Caesarean.
1509	25	M3	9 $\frac{1}{2}$	10 $\frac{1}{2}$	7 $\frac{1}{4}$	4	6.10	20	G	G	3 inductions, 1 alive.
1538	40	M1	8 $\frac{3}{4}$	9 $\frac{3}{4}$	6 $\frac{1}{4}$	—	5.2	19	G	G	1st Caesarean.
1601	42	M2	9 $\frac{1}{2}$	10 $\frac{1}{2}$	7	PNF	8.8	21	G	G	2 Forceps, both still-born.
1613	28	M1	8	9 $\frac{1}{2}$	7 $\frac{1}{4}$	4	7.12	21	G	G	1st Craniotomy.
1614	29	P	10	10 $\frac{1}{2}$	7 $\frac{1}{4}$	—	8.6	21	G	G	Old hip disease. R. side of pelvis smaller than left.
1638	33	M1	7 $\frac{1}{2}$	8 $\frac{3}{4}$	7	—	6.1	20	G	G	1st still-born, forceps. Height 4 ft. 10 ins.
1711	37	P	8 $\frac{1}{2}$	9 $\frac{1}{2}$	7	—	7.2	21	G	G	Extended Breech.
1740	28	P	9 $\frac{1}{2}$	10	6	4	6.10	20	G	G	Admitted after rupture of membranes.
1741	29	M2	8	8 $\frac{1}{2}$	7	Prom felt.	6.2	20	G	Died	1st induction died, 2nd Caesarean.

Maternal Mortality=2.5%. Foetal Mortality=2.5%.

# CRANIOTOMY FOR CONTRACTED PELVIS.

Index No.	Age.	Para.	Int. Spin.	Int. Crist.	Ext. Conj.	Diag. Conj.	Child's Weight.	Length	Result to Mothers.	Remarks.
377	32	P	—	—	—	—	9.8	23	Good	Admitted in Labour for Albuminuria and Contracted Pelvis. Child died during labour. Forceps unsuccessful. Double Cleidotomy.
599	33	M3	—	—	—	Prom. easily felt.	7.8	21	Good	Contraction ring. Brow presentation. Mother's pulse 170 on admission.
761	27	M1	9 $\frac{1}{4}$	10 $\frac{1}{2}$	7	—	8.2	21	Good	Forceps attempted outside. On admission Cord prolapsed, pulseless.
1172	32	P	—	—	—	—	6.8	21 $\frac{1}{2}$	Good	Forceps attempted outside. Child dead on admission. Head high.
1391	40	P	9	10	7 $\frac{3}{4}$	—	8.0	23	Good	Admitted with "after coming head," retained in vagina.





## MATERNAL MORBIDITY.

In the practice of Queen Charlotte's Hospital any case which at any time shews a temperature or over 100° F. is classed as "Morbid" whenever such temperature occurs and whatever its duration. This is an extremely severe standard and stricter than any in use elsewhere, and so the Morbidity rate appears high.

Judged by this standard there were 206 morbid cases out of a total of 1779. Of these 206 were Primiparæ and 65 were Multiparæ. This gives a Morbidity Rate of 11.6%.

The following table shews the causes of the various rises in temperature :—

## PYREXIA.

Cause.	Primiparæ	Multiparæ	Total.
Sapraemia .. .. .	90	41	131
Reactionary .. . . .	13	2	15
Gastro-intestinal .. . . .	4	5	9
Influenza .. . . .	1	—	1
Axillary Abscess .. . . .	—	1	1
Pulmonary .. . . .	4	2	6
Pelvic Cellulitis .. . . .	1	1	2
Pyelitis .. . . .	7	3	10
Eclampsia .. . . .	1	—	1
Thrombo-phlebitis .. . . .	4	3	7
Wound infection (Caesarean Section	2	1	3
Bréasts .. . . .	5	1	6
Peritonitis .. . . .	1	—	1
Emotional .. . . .	1	—	1
Septicæmia .. . . .	2	2	4
Pelvic hæmatoma .. . . .	1	—	1
Infected piles .. . . .	1	—	1
Unexplained .. . . .	3	3	6
Total .. . . .	141	65	206

## CHILDREN.

The results to the 1801 children with which this report deals were as follows :—

Discharged 1639 = 91%  
 Still-born 117 = 6.4%  
 Died 45 = 2.6%

Of the 1639 infants discharged 444 (27%) were above their birth weight and 984 (60%) below, while 211 (13%) having lost weight had re-attained approximately to their birth weight.

## PROGRESS AND FEEDING OF CHILDREN.

Unless there is any serious reason to the contrary every child is breast fed. Below is a table showing the method of feeding and results to the 1639 discharged from Hospital :—

		Above Birth weight.	Below Birth weight.	Re-attained Birth weight.
Breast feeding	..	368	796	183
Mixed feeding	..	63	159	24
Artificial feeding	..	13	29	4
Total	1639	444	984	211

## PREMATURE INFANTS.

During the year 123 premature babies were born in the Hospital. A premature baby is taken to be one under 38 weeks gestation.

Of these 42 were still-born, 19 died not long survive birth and 62 were discharged from the Hospital alive, this being 50.4% of the total number of premature babies and 76.5% of the number born alive. Of the 42 still-births 18 were non-viable, two were macerated, one was an Anencephalic monster, 3 occurred in cases of antepartum hæmorrhage and one in a case of albuminuria.

Of the 62 children who left Hospital 24 were discharged above their birth weight (38.7%).

## CASES OF OPHTHALMIA.

Thirteen cases of Ophthalmia were recorded during the year.

## FŒTAL INJURIES AND ABNORMALITIES.

*Congenital Heart*—No. 60. *Anencephaly*—No. 185. *Fractured Skull*—No. 272. *Intra-cranial hæmorrhage*—No. 246, 253, 276. *Diaphragmatic Hernia*, No. 352. *Cleft Palate*—No. 226. *Hydrocephalus and Spina bifida*—Nos. 257, 705. *Double Monster*,—No. 382. *Exomphalos*—Nos. 414, 712, 803, 1458. *Accessory Auricle*—No. 384. *Cephalhaematoma*—No. 471. *Hare-lip and Cleft palate*—No. 519. *Hydronephrosis*—No. 637. *Congenital Syphilis*—Nos. 831, 798, 664. *Fœtal Ascites*—Nos. 1012, 1180. *Erb's Paralysis*—No. 1064. *Goitre*—No. 1138. *Meningocele*—No. 1170. *Hydrocephalus and Meningocele*—No. 1133. *Hydrocephalus and Spina Befida*—No. 1225. *Talipes*.—No. 1796.

## DEAD INFANTS.

Forty-five infants died during the year. The following table gives, as far as can be ascertained, the cause of death in each case.

CAUSE	TOTAL	NUMBER IN HOSPITAL REGISTER.
Prematurity .. ..	17	35, 45, 103, 896, 931, 924, 855, 1072, 1138 (Goitre), 1165, 1774, 1553, 1628, 1528, 378, 439, 375.
Intra-cranial hæmorrhage	7	246, 253, 276, 617, 859, 948, 1089
Congenital Heart ..	2	60, 826
Gastro-enteritis .. ..	4	140, 1485, 1775, 1799
Diaphragmatic Hernia ..	1	352
Congenital Syphilis ..	3	600, 831, 1564
Broncho-pneumonia ..	3	921, 1613, 1586
Exomphalos .. ..	2	712, 803
White Asphixia .. ..	3	719, 1635, 1557
Eclampsia of Mother ..	1	998
Unexplained .. ..	2	1386 (2nd twin), 1741
Total ..	45	



## STILL-BORN INFANTS.

In the following table an attempt has been made to investigate and classify the cause of Still-birth in the 117 still-born children.

CAUSE.				TOTAL	NUMBER IN HOSPITAL REGISTER.
Albuminuria	..	..	..	8	94, 377, 411, 451, 988, 1425, 1738
Eclampsia	..	..	..	1	187
Monsters	..	..	..	3	185 (Anencephalus), 414 (Exomphalos). 1743 (Double)
Prematurity	..	..	..	13	87, 153, 846, 911, 1010, 1295, 1134, 1121, 1328, 1332, 1458, 1770
Fractured Skull	..	..	..	3	272, 746, 1268
Placenta Prævia	..	..	..	13	228, 247, 395, 610, 640, 971, 766, 844, 1065, 813, 1470, 1379, 1661
Fœtal Distress	..	..	..	12	160, 240, 732, 1109, 1262, 1171, 1263, 1213, 1334, 1579, 1731, 1752
Non-viable	..	..	..	9	87, 96, 208, 305, 319, 338, 421, 834, 906
Macerated	..	..	..	10	491, 445, 660, 613, 963, 792, 1503, 1507, 1655, 1794
Prolapse of Cord	..	..	..	7	388, 484, 508, 624, 613, 1345, 1428
Embryotomy (Double Monster)	..	..	..	1	382
Forceps delivery	..	..	..	3	427 (Contracted pelvis), 1591, 1670
Accidental Hæmorrhage	..	..	..	8	635, 895, 757, 696, 1292, 1290, 1189, 1120.
Craniotomy	..	..	..	5	599 (Brow), 761, 988, 1170, 1172
Breech	..	..	..	5	884, 1489, 1391, 1494, 1689
Shoulder Presentation	..	..	..	5	894, 1062, 740, 1390, 1713
Intra-cranial injury	..	..	..	2	900, 1001
Fœtal Ascites	..	..	..	2	1012, 1180
Syphilis	..	..	..	1	798
Hydrocephalus	..	..	..	2	1133, 1225
Unexplained	..	..	..	5	274, 483, 1336, 1430, 1753
Total				117	

## MATERNAL DEATHS.

No. 382. *Double Monster. Caesarean Section. Pulmonary Embolism.* Primagravida. Admitted in the second stage as "Locked Twins." On admission the patient's condition was not good, the pulse rate was 104. The uterus was contracting strongly and firmly moulded round its contents. Two legs and two feet could be seen protruding from the vulva. Under anæsthesia attempts were made to effect delivery without



success and a double monster was suspected. The two trunks were then divided and the pelvis and legs removed. The vulva was swabbed out with Bonney's blue paint and the patient prepared for abdominal section. The pulse rate was then 160. The uterus was everted and the abdominal cavity packed off. The uterine contents were then removed and the interior of the uterus swabbed out with blue paint. The operation was completed as rapidly as possible. During the next two days the patient had rigors but then she began to improve but the pyrexia (temperature 100—102°) continued. On the eighth day she developed superficial thrombo-phlebitis of the right leg. She died suddenly on the 12th day after delivery of pulmonary embolism.

The monster was of the Thoracopagic variety. The infants (females) were joined in the mid line from the umbilicus to the shoulder level.

No. 548. *Eclampsia*. Primagravida, aged 28, 26 weeks pregnant. The patient had been perfectly well until 4 p.m. on the day of admission. She then began to vomit and complained of severe headache. At 7 p.m. the first fit occurred and was followed by several others. She was admitted at 11 p.m. with temperature 103.8, Pulse 156. She was comatose and the breathing was stertorous. The urine was blood stained and almost solid on boiling. The uterus was the size of 26 weeks. She was not in labour. No further fits occurred, but the coma continued until death 7 hours after the onset of the symptoms.

No. 617. *Forceps delivery. Pulmonary Embolism*. Primagravida, aged 35. Delivered at full term with forceps. The perineum was ruptured as far as the sphincter. It was repaired. The temperature rose to 101° on the 4th day. The lochia was offensive and the perineal wound suppurated. The stitches were removed and the wound became cleaner. The patient died suddenly on the 18th day of pulmonary embolism.

*Post-Mortem Report*. A large branched ante-mortem clot was found in the lower two branches of the left pulmonary artery, this extended across to the right pulmonary artery. The iliac and femoral veins were carefully examined but no thrombosis was detected.

No. 658. *Obstructed Labour. Caesarean Section. Peritonitis*. Primagravida, full term, aged 26. On admission the patient had been in labour for 14 hours, the membranes had been ruptured for 9 hours. The child's head was above the brim and could not be pushed in. The cervix was the size of 2/-. The diagonal conjugate measured  $3\frac{3}{4}$ ". Caesarean Section was performed. The uterus was everted and the abdominal cavity

packed off. The child was delivered in good condition. The uterine cavity was swabbed out with blue paint. On the fourth day the temperature rose to 103.8 and the pulse to 132. The bowels were opened on the two following days but abdominal distension became marked and the pulse rate rose to 140. The abdomen was re-opened on the 6th day. A quantity of fluid escaped and a loop of small bowel was found to be adherent to the wound. A drainage tube was inserted into Douglas' pouch and another through a stab wound in the left iliac fossa. The patient died two days later.

No. 697. *Placenta Prævia*. 4th gravida, full term. History of hæmorrhage 6 weeks before and another severe hæmorrhage just before admission. The patient arrived at the Hospital in a moribund condition. The placenta could be felt covering the entire os. Vaginal plugging was performed and gum solution was given intravenously. No further hæmorrhage occurred but in spite of this, patient's condition did not improve and she died 3 hours after admission.

*Post-Mortem Examination.* All the tissues were profoundly anæmic. The placenta was found to cover the entire os. There had been no concealed hæmorrhage.

No. 813. *Toxæmia. Induction. Placenta Prævia.*

Primagravida aged 36. Admitted at the 34th week for albuminuria. There were no pre-eclamptic symptoms but the urine was almost solid on boiling. The blood pressure was 195. The following two days she vomited and complained of headache. Water only was given and the bowels were opened with castor oil. She was anæsthetised for induction. The cervix was found to be long and very rigid and the placenta was felt covering the os. There was some hæmorrhage. The vagina was plugged. Later bi-polar version was performed with great difficulty on account of the rigidity of the os. A lb. weight was attached to the child's foot. Delivery occurred the following evening. Hæmorrhage was not excessive. Half an hour after delivery patient had a rigor. Temp. 103.8. Pulse 140. After the rigor the pulse remained rapid and feeble and the patient was very restless. She died 3½ hours after delivery.

No. 1057. *Normal Delivery. Septicæmia.* Primagravida, full term. Normal delivery. On the 3rd, 4th and 5th evenings the temperature was 100 and the pulse 80—96. After the 5th day the temperature was normal until the 10th day, when it rose to 103, pulse 118. Pelvic examination was negative. 10 cc of anti-streptococcal serum was given and repeated every other day afterwards. On the 13th day patient had a rigor and was afterwards delirious. The following day a few moist râles



were heard at the left base. Two days later there were well marked signs of consolidation at the left base and to a less extent at the right base. The abdomen was distended. On the 17th day after delivery the temperature began to fall and reached normal the following day but the pulse rate increased from 140 to 160. Ten ounces of fluid were withdrawn from the left pleural cavity from which on culture streptococci were grown. The patient died on the 19th day after delivery.

No. 1332. *Double Mitral Disease. Cardiac failure.* 8th gravida, aged 38. Admitted at the fifth month complaining of attacks of dyspnœa. She was seen by a Physician who reported that the cardiac condition was mitral stenosis together with some regurgitation. The lungs were clear. Induction was advised. The patient was treated by rest in bed together with Digitalis and Nux Vomica. Twelve days after admission induction was performed by means of a Q.C.H. bag. Delivery occurred two days later. Immediately afterwards the cyanosis and dyspnœa increased and patient complained of præcordial pain. Camphor and Digitalin injections were given. The patient died 14 hours after delivery.

No. 1383. *Placenta Prævia.* 5th gravida. Hæmorrhage had begun 8 days before admission and patient had had a severe loss before being sent to Hospital. On admission she was markedly collapsed and the pulse was almost imperceptible. Two pints of gum saline solution were given intravenously. After the infusion air hunger and restlessness were very marked. Four hours after admission uterine contractions began and were accompanied by a slight loss. A vaginal examination was made. The os was the size of 5/- and the placenta was felt completely covering it. Version was performed. No anæsthetic was given, but the patient made no movement. Delivery occurred shortly afterwards and was followed almost immediately by the death of the patient.

No. 1713. *Neglected Transverse Presentation. Version. Septicæmia.* 2nd gravida, aged 23, 35 weeks pregnant. The patient was admitted a week after the rupture of the membranes with a shoulder presentation. The temperature was 100 and the pulse 96. Under anæsthesia the uterus relaxed sufficiently to permit of version. Delivery occurred an hour later. The puerperium was febrile from the beginning, temperature 100—102, pulse 96—120. The lochia was offensive. On the 12th day the patient had a rigor. Repeated rigors occurred during the rest of the illness which lasted over two months. Pelvic parametritis developed but subsided without abscess formation. Later an abscess (superficial) developed in the right gluteal region

which was opened and offensive pus (*B. coli*) evacuated. The blood culture was repeatedly sterile. Patient was treated with anti-streptococcal serum and colloidal silver. During the last week of her illness the temperature came down nearly to normal and there were no rigors, but the pulse rate remained about 120 and her general condition deteriorated.

No. 1736. *Eclampsia*. Primigravida, full term. The patient had had a fit shortly before admission. On arrival at Hospital she was conscious—the blood pressure was 180. The urine contained a thick cloud of albumen. The temperature was 97 and the pulse 120. Magnesium Sulphate was given by the mouth and a rectal wash out was administered. Five other fits occurred later in the day. Three injections of veratrine were given, but the blood pressure rose to 212, and patient died undelivered 18 hours after admission.

No. 1757. *Mitral Stenosis*. 2nd gravida, aged 31. Patient was admitted in the second stage of labour, suffering from severe dyspnoea. Oxygen was administered during delivery and patient was detained in the labour ward for 8 hours afterwards because of her critical condition. The following day she was cyanosed and dyspnoea was marked. Acute Oedema of the lungs developed and patient died on the second day after delivery.

### SPECIAL CASES.

#### *Cardiac Cases.*

No. 338. *Mitral Stenosis*. 12th gravida, aged 39. Two attacks of rheumatic fever. History of swelling of legs in all pregnancies. Admitted at the 26th week suffering from orthopnoea and oedema, pulse rapid and feeble. After 12 days rest in bed, Vaginal Caesarean Section was performed under spinal anaesthesia. Good recovery.

No. 486. *Aortic Regurgitation*. Primigravida, aged 33. Rheumatic fever at 12 years old. Admitted at 36th week with slight oedema of ankles. Physician reported that the aortic valves were extensively damaged. Immediate induction under aether anaesthesia. Two days later, when second stage was reached, patient became distressed and her pulse rapid. She was delivered with forceps (aether anaesthesia). Good recovery.

No. 623. *Mitral Stenosis*. Primigravida aged 25. Rheumatic fever at twelve years old. Admitted at 32nd week complaining of breathlessness, oedema and cough; pulse rapid and crepitations at bases. Treated by rest in bed for a month then labour started and the child was born in 4 hours.



- No. 846. *Mitral Stenosis*. 2nd gravida, aged 29. Three attacks of rheumatic fever. Admitted a month before term suffering from dyspnœa, hæmoptysis and œdema of legs. Induction was performed at term with bougies without an anæsthetic. No signs of cardiac failure during labour nor puerperium.
- No. 982. *Mitral Stenosis*. Primagravida, aged 26. Admitted a fortnight before term. Marked pre-systolic murmur, no signs of failing compensation. Two days after admission patient became depressed and suspicious. Later her mental condition became worse and she was transferred to the Infirmary.
- No. 1121. *Mitral Disease*. 4th gravida, aged 36. Rheumatic fever at 16. No cardiac symptoms until 3rd pregnancy ; since then shortness of breath. Admitted at 6th month complaining of præcordial pain, palpitations and shortness of breath. Immediate induction with bougies.
- No. 1160. *Mitral Stenosis Auricular Fibrellation*. 4th gravida, aged 32. Rheumatic fever at 20 years. Breathless during previous pregnancies. Pleurisy 6 weeks before admission. Thirty-six weeks pregnant. Orthopnœa, well marked auricular fibrillation and crepitations at both bases. Five days after admission severe attack of dyspnœa and cyanosis. Labour started later in the day and was well borne. Good recovery.
- No. 1294. *Mitral Stenosis*. 2nd gravida, aged 32. Rheumatic fever 1920. Since then præcordial pain and shortness of breath. Admitted to Hospital 10 days before term. Induction with bougies after rest in bed. Normal labour and puerperium.
- No. 1499. *Mitral Stenosis*. Primagravida, aged 28. At 6th month complained of breathlessness and palpitation. Treated by rest at home. Delivered at full term under chloroform anæsthesia. No signs of cardiac failure. Discharged herself on the 4th day after delivery.
- No. 1553. *Double aortic and Mitral Disease*. 2nd gravida, aged 37. Admitted at end of 7th month suffering from breathlessness and swelling of legs ; heart dilated and liver enlarged. Patient was treated by rest in bed and Digitalis for nearly a month, and then Caesarean Section—Sterilization was performed.
- No. 1596. *Mitral Stenosis*. Primagravida, aged 23. Complained of shortness of breath during pregnancy. Normal labour and puerperium.

- No. 1772. *Mitral Regurgitation*. Primagravida, aged 34. Cough and swelling of legs during last month of pregnancy. Delivered with forceps at term. Good recovery.
- No. 1784. *Mitral Stenosis*. 5th gravida, aged 36. Complained of breathlessness, præcordial pain and palpitations during last 3 months of pregnancy. No signs of cardiac failure during labour or puerperium.
- No. 87. *Pernicious Anæmia*. 2nd gravida, (1 miscarriage), aged 34. 7 weeks before admission patient had "influenza" and has been getting weaker since then. On admission she exhibited a marked palor and dyspnœa with oedema of legs and abdominal wall; no pyrexia. The height of the uterus was just below the umbilicus. The liver was slightly enlarged and the spleen palpable. The blood pressure was low and the heart dilated. Four days after admission blood transfusion was performed. Two days later normal labour, macerated foetus expelled. Four days later patient was transferred to St. Bartholomew's.
- No. 96. *Pthisis. Caesarean-Sterilization*. 3rd gravida, aged 27. Sent from Brompton Hospital, at 5½ months. Artificial termination of pregnancy advised owing to active condition of disease. History of cough since childhood, worse since birth of last child 6 years before. On admission patient was very thin and suffered from persistent cough. Definite signs of tubercular disease, R apex and ronchi scattered over lungs. Caesarean Section-Sterilization performed under spinal anæsthesia. After operation evening temperature approximately 100° for about 10 days, afterwards normal.
- No. 116. *Double Uterus. Caesarean Section*. 2nd gravida, aged 25. First labour difficult, instrumental—child paraplegic. First seen at 24th week; abdominal examination normal. Per vaginam single vagina, single cervix with septum, old tear left side of cervix; tense tender swelling in R fornix extending backwards. At the 38th week patient complained of difficulty in passing water and was admitted to Hospital. Labour commenced 4 days later. Caesarean Section was performed in the usual manner. The retro-flexed empty R horn of the uterus was then raised from Douglas' pouch and the fibrous band between it and the left horn divided. A very small tube and thick round ligament were attached to the right horn. These were divided and subtotal hysterectomy of the R horn was then carried out.
- No. 167. *Pneumonia*. 2nd gravida, aged 27. Had been ill for 5 days before admission with pain in the left side, shortness of breath and cough. On admission temperature 99.6, Pulse 114. Respiration 42. Definite signs of consolidation L base. Patient



was delivered on the evening of admission after  $\frac{3}{4}$  hour in labour. For the next 4 days her condition gradually became worse. Nine ounces of fluid (culture pneumococci) were aspirated from L. base. on the fifth day. She improved considerably and three days later was transferred to St. Bartholomew's.

No. 599. *Contraction Ring. Brow presentation. Craniotomy.* 3rd gravida, aged 33. Previous labours normal. Labour had begun at 11-30 in the morning before admission. The District Medical Officer was called to the patient late in the evening

and found the patient distressed and the uterine contractions frequent. A brow presentation was diagnosed. Attempts were made to flex the head without success. Later forceps delivery was attempted also unsuccessfully. On admission to Hospital patient's pulse rate was 160. The uterus was hour-glass shaped; a definite constriction ring being present one inch below the umbilicus. The lower segment was not thinned. Per vaginam the head was high and the anterior lip of the cervix markedly oedematous; the promontory was easily felt. Under anæsthesia the contraction ring relaxed somewhat. Craniotomy was performed and the child delivered. The uterus retracted well and there was no post-partum hæmorrhage.

No. 608. *Puerperal Insanity.* Primagravida, aged 34, married. Delivered at full term with forceps. On the day after delivery patient became suspicious and depressed. Later on she was noisy and incontinent. She was transferred to the Infirmary.

No. 808. *Uterine Fibroid complicating Pregnancy.* Primagravida, aged 28. History of hæmorrhagia for some years. Attack of abdominal pain and retention of urine at end of 3rd month of pregnancy. Admitted at the 38th week. For 3 weeks before admission patient had complained of vomiting and abdominal pain associated with pyrexia. On examination, breech presentation. A large hard tender mass was felt, low down on the left side of the uterus. Casearean Section was performed, followed by Myomectomy. The fibroid was the size of a large grape fruit and shewed well marked red degeneration. Patient was discharged on the 20th day following the operation. The uterus was high and was attached to the abdominal scar.

No. 1773. *Hydatidiform Mole.* 2nd gravida, aged 22. Date of last menstrual period uncertain. Admitted on account of oedema and albuminuria. Slight vaginal hæmorrhage for two months; urine nearly solid on boiling. Treated for a fortnight, albumen did not diminish and hæmorrhage continued so induction with tents was performed, and a hydatidiform mole was evacuated. The puerperium was febrile (Sapræmia). The albuminuria cleared up slowly.







